

**S Finance Committee Amendment No. 1, As Amended,**

**Amendment No. 3 to SB4181**

**McNally**  
**Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 4181**

**House Bill No. 4144\***

by deleting subdivision (5) in Section 4 in its entirety and by substituting in instead the following:

(5) "Qualified entity" means an entity with which the commissioner has contracted to assess the needs of persons determined medically eligible for long-term care services and to develop care plans to address their identified needs. Such entity shall have the expertise and capacity to timely perform these services and shall not provide any direct long-term care service which may create a conflict of interest. A managed care organization performing care coordination services under this act shall be a qualified entity only to the extent that appropriate regulatory and contractual safeguards are in place to help ensure that such assessment and care plan development processes are fair, objective and consistent with the needs of the individual and his or her family caregivers, as applicable.

(6) "Rebalance" means reaching a more equitable balance between the proportion of Medicaid long-term care expenditures used for institutional (i.e., Nursing Facility) services and those used for home and community based services and supports under the Medicaid state plan or federal waivers or amendments thereto.

AND FURTHER AMEND by deleting Section 5(b) in its entirety and by substituting instead the following:

(b) The commissioner shall ensure that comprehensive, person-centered care coordination across all Medicaid primary, acute, and long-term care services is a central component of the integrated long-term care system and the contractor risk agreement. A qualified entity shall conduct a comprehensive individualized assessment of needs in accordance with protocols developed by the commissioner, and shall develop a care plan with active participation of the member and family or other caregivers that

addresses the identified needs and builds on and does not supplant family and other caregiving supports. The entity responsible for care coordination shall cost-effectively implement the care plan; assure coordination and monitoring of all Medicaid primary, acute and long-term care services to assist individuals and family or other caregivers in providing and securing necessary care; and assure the availability of a qualified workforce, including backup workers when necessary, to timely provide necessary services.

AND FURTHER AMEND by deleting Section 5(c) in its entirety and by substituting instead the following:

(c) Nothing herein may be construed to create an entitlement to home and community based services; provided, however, the commissioner shall design and implement the integrated long-term care system in a manner that affords access to the appropriate level of cost-effective home and community based services for the greatest number of Medicaid eligible elderly and/or physically disabled individuals possible, subject to the availability of funding in each year's appropriation bill.

AND FURTHER AMEND by deleting Section 10(c) in its entirety and by substituting instead the following:

(c) Contractor requirements shall include identification of nursing facility residents who may be appropriate for transition to home and community based settings, as well as assessment and care plan development by a qualified entity. The contractor shall plan and facilitate such transitions in a timely manner. Contractors shall be permitted to coordinate or subcontract with local community-based organizations to assist in the identification, planning and facilitation processes, and may offer, as a cost-effective alternative to continued institutional care, a per person transition cost allowance not to exceed two thousand dollars (\$2,000) for items such as, but not limited to, first month's rent, rent deposits, utility deposits, kitchen appliances, furniture and basic household items.

AND FURTHER AMEND Section 12(b) by deleting the term “commissioner of health” and by substituting instead the term “board for licensing health care facilities”.

AND FURTHER AMEND Section 16 by adding the following sentence at the end of the section:

The commissioner shall ensure that recipients of long-term care services are notified how to contact the bureau of TennCare if they have concerns about the long-term care services they are or are not receiving, and the process for resolving such issues.

AND FURTHER AMEND in the amendatory language of Section 21 by inserting the following language as a newly designated subdivision (4)(C)(ii) and by renumbering the remaining subdivisions accordingly:

(ii) Nothing in this subdivision (4) shall authorize assisted care living facilities to provide medical services to assisted care living facility residents if such services are reimbursable under the federal Medicare program.

AND FURTHER AMEND by inserting the following language as a new Section 27 and by renumbering the remaining sections accordingly:

SECTION 27. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.